



CITY OF LEWISBURG
SMALL RESIDENTIAL
LAND DISTURBANCE PERMIT

OFFICE USE ONLY

Permit No: _____

Date Issued: _____

APPLICATION FORM (SHORT)
(FOR SITES LESS THAN 1 ACRE)

1. APPLICANT (Please check if Applicant is the landowner or designated Agent*)

NAME		<input type="checkbox"/> LANDOWNER	<input type="checkbox"/> DESIGNATED AGENT
MAILING ADDRESS		Area Code / Phone Number	
CITY	STATE	ZIP CODE	EMAIL ADDRESS

*Designated Agent must attach a written statement from landowner authorizing him/her to secure a permit in the landowner's name.

2. SITE LOCATION

STREET ADDRESS	
SUBDIVISION NAME (IF APPLICABLE)	LOT NUMBER(S)
TAX MAP NUMBER	PARCEL NUMBER

3. PROPOSED LAND DISTURBANCE (Please attach a copy of Property Plat with Application)

PROJECT TYPE: 1. <input type="checkbox"/> New Home 2. <input type="checkbox"/> Borrow Pit 3. <input type="checkbox"/> Other, If Other Specify		
PROJECT PURPOSE	SIZE OF STRUCTURE (SQ. FT.)	SIZE OF TOTAL LAND DISTURBANCE (SQ. FT.)
PROPOSED START DATE OF PROJECT	PROPOSED COMPLETION DATE OF PROJECT	

Attached Property Plat shall contain a sketch of the location of the development.

4. STORMWATER MANAGEMENT ITEMS

Is there a stream located within 100 feet of the proposed development?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a drainage ditch located within 50 feet of the proposed development?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the development cause a significant change in the direction of stormwater flows on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the development cause a significant change in the amount of stormwater flows on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the development cause a partial or complete blockage of any existing watercourse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will an existing watercourse need to be re-routed to make room for the proposed development?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. CERTIFICATION

I hereby acknowledge that to the best of my knowledge the information contained herein is true and correct, and I hereby agree to comply with all applicable provision of the Codes of the City of Lewisburg, Tennessee.

LANDOWNER OR DESIGNATED AGENT	PRINT NAME	SIGNATURE	DATE
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*****FOR CITY USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE*****

Permit Review Fee \$ _____	Date Paid _____
Stormwater Protection Permit Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ City of Lewisburg Approval	_____ Approval Date

**LEWISBURG STORMWATER MANAGEMENT
RESIDENTIAL LAND DISTURBANCE PERMIT
EROSION AND SEDIMENTATION CONTROL REQUIREMENTS**

PERMITTEE: _____

PERMIT NO.: _____

EROSION AND SEDIMENTATION CONTROL REQUIREMENTS:

- NOTES:**
- 1. All sedimentation controls shall be installed prior to any land disturbance taking place.**
 - 2. Sedimentation controls are to be maintained by the permittee throughout construction.**
 - 3. Sediment that is deposited in the street must be cleaned up daily.**
 - 4. All disturbed areas must be seeded and mulched or sodded within 7 days of final grading.**
 - 5. All dirt stockpiles shall be located inside the silt fence or shall be protected by additional silt fence on the down gradient side of thte stockpile.**

ADDITIONAL NOTES: _____

SEDIMENTATION CONTROLS: